

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	No
Title::	Human Chemokines CK $\beta$ -4 and CK $\beta$ -10/MCP-4
Attorney Docket Number::	PF132P3D2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	10
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Haodong
Family Name::	Li
City of Residence::	Gaithersburg
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	11033 Rutledge Drive
City of mailing address::	Gaithersburg
State or Province of mailing address::	MD
Postal or Zip Code of mailing address::	20878

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: D.  
Family Name:: Adams  
City of Residence:: Rockville  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 13000 Cleveland Drive  
City of mailing address:: Rockville  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 20850

Applicant Authority Type:: Inventor  
Status:: Full Capacity  
Primary Citizenship Country:: US  
Given Name:: Solange  
Middle Name:: H.  
Family Name:: GENTZ  
State or Province of mailing address:: Rua Jornalista D'Jalma Andrade 1168  
State or Province of Residence:: Belo Horizonte - MG  
Country of Residence:: Brazil  
Street of mailing address:: Rua Jornalista D'Jalma Andrade 1168  
State or Province of mailing address:: Belo Horizonte - MG  
Postal or Zip Code of mailing address:: 30.320.540

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ralph  
Family Name:: Alderson

City of Residence:: Gaithersburg  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 12125 Orchard View Road  
City of mailing address:: Gaithersburg  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 20878

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Yuling  
Family Name:: Li  
City of Residence:: Germantown  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 12922 McCubbin Lane  
City of mailing address:: Germantown  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 20874

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Family Name:: Parmelee  
City of Residence:: Rockville  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 11512 Parkedge Drive  
City of mailing address:: Rockville  
State or Province of mailing address:: MD

Postal or Zip Code of mailing address:: 20852

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: R.  
Family Name:: White  
City of Residence:: Coatesville  
State or Province of Residence:: PA  
Country of Residence:: US  
Street of mailing address:: 332 Jennifer Drive  
City of mailing address:: Coatesville  
State or Province of mailing address:: PA  
Postal or Zip Code of mailing address:: 19320

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Edward  
Middle Name:: R.  
Family Name:: Appelbaum  
City of Residence:: Blue Bell  
State or Province of Residence:: PA  
Country of Residence:: US  
Street of mailing address:: 830 Village Circle  
City of mailing address:: Blue Bell  
State or Province of mailing address:: PA  
Postal or Zip Code of mailing address:: 19422

**Corr spondenc Information**

Correspondence Customer Number:: 22195

### Representative Information

Representative Customer Number:: 22195

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/717,209	11/22/00
09/717,209	Division of	08/613,822	02/23/96
08/613,822	Continuation-in-part of	US94/09484	08/23/94
08/613,822	Continuation-in-part of	08/462,967	06/05/95
08/613,822	Continuation-in-part of	08/458,355	06/02/95

### Assignee Information

Assignee name:: Human Genome Sciences, Inc.  
Street of mailing address:: 9410 Key West Avenue  
City of mailing address:: Rockville  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 20850